

# NC Medicaid Managed Care Provider Playbook

NC Medicaid

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) is delaying the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans). Tailored Plan launch was scheduled for Oct. 1, 2023, **but will now go forward at a date still to be determined.**

## Fact Sheet

### Introduction to Tailored Plans: Enrollment and Timelines

#### Tailored Plan Launch Delayed

NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) to Behavioral Health and I/DD Tailored Plans. Until then, potential Tailored Plan beneficiaries will receive health care services the same way they do today, through NC Medicaid Direct or Standard Plans.

This fact sheet provides information about Tailored Plans, including which beneficiaries qualify and how and when this transition will occur.

#### WHAT ARE TAILORED PLANS?

Behavioral Health I/DD Tailored Plans will provide the same services as Standard Plans but will provide additional services that serve individuals with behavioral health and substance use disorders, I/DDs and traumatic brain injuries (TBI) as well as people using State-funded Services.

The plan is responsible for managing two of the State's Medicaid Section 1915(c) Home and Community-Based Services (HCBS) waivers; the North Carolina Innovations waiver for individuals with I/DD and the TBI waiver for individuals with a TBI.

## TAILORED PLAN SERVICE AREAS

There are six Tailored Plans, and only one Tailored Plan serves each county. Beneficiaries receive services from the Tailored Plan based on the county that manages the beneficiary's Medicaid case (e.g., administrative county).

- Alliance Health: Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake
- Eastpointe: Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Warren, Wayne, Wilson
- Partners Health Management: Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
- Sandhills Center: Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham
- Trillium Health Resources: Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Halifax, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
- Vaya Health: Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey



MILESTONE	IMPORTANCE	FOR MORE INFORMATION
<b>Tailored Plan Criteria Review</b>	<p>NC Medicaid completed a review of all Medicaid beneficiaries to determine who qualified for a Tailored Plan.</p> <p><i>Note: Beneficiaries who no longer qualify for a Tailored Plan received a notice from the Enrollment Broker about their choices.</i></p>	Completed. No action for beneficiaries to take.
<b>Auto-enrollment</b>	<p>Beneficiaries who qualify for a Tailored Plan will be auto-enrolled in a Tailored Plan based on managed care status and administrative county.</p> <p>Beneficiaries will receive a notice from the Enrollment Broker with their enrollment and health plan choices (if applicable).</p>	Beneficiaries should contact the Enrollment Broker for help.
<b>Choice Period</b>	<p>Beneficiaries need to choose a primary care provider (PCP) with their Tailored Plan.</p> <p>Beneficiaries may choose a different health plan (if applicable). There is only one Tailored Plan that serves each county.</p> <p>Beneficiaries cannot select a different Tailored Plan.</p>	<p>Beneficiaries should contact their Tailored Plan to choose a PCP.</p> <p>Beneficiaries should contact the Enrollment Broker to choose a different health plan (if applicable).</p>
<b>PCP Auto-assignment</b>	Beneficiaries who do not choose a PCP will be assigned to one.	Beneficiaries should contact their Tailored Plan for assistance.
<b>Day 1 – Tailored Plan Start Date</b>	Beneficiaries will begin receiving health care services from their Tailored Plan.	Beneficiaries should contact their Tailored Plan and/or the Enrollment Broker for assistance.

## TAILORED PLAN ENROLLMENT CRITERIA

NC Medicaid identifies beneficiaries who qualify for a Tailored Plan based on programs, diagnoses, admissions or visits and services available only through the Tailored Plans.

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> <li>• Innovations Waiver (or waiting list)</li> <li>• TBI Waiver (or waiting list)</li> <li>• Transition to Community Living (TCL)</li> <li>• Children with complex needs</li> </ul>	<ul style="list-style-type: none"> <li>• Have used a Medicaid service that will be available only through the Tailored Plan</li> <li>• Have used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds</li> </ul>
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> <li>• Qualifying I/DD diagnosis code</li> <li>• Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period*</li> <li>• Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or receive electroconvulsive therapy (ECT) during the lookback period*</li> </ul>	<ul style="list-style-type: none"> <li>• Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility</li> <li>• Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*</li> </ul>

\* The lookback period reviews for claims and encounters based only on service utilization or a combination of diagnosis and service utilization (Medicaid and state-funded services) require that the date of service be on or after Dec. 1, 2020. Eligibility criteria that are based on diagnosis alone allow for a longer look back period of Jan. 1, 2018.

## TAILORED PLAN POPULATIONS – MANAGED CARE STATUS

Beneficiaries with the following managed care status in NC FAST will be auto-enrolled in the Tailored Plan that serves their administrative county (the county that manages the beneficiary's Medicaid case).

- Tailored Plan
- Tailored Plan - TBI/Innovation
- Tailored Plan - TBI/Innovation - Dual Eligible
- Tailored Plan - TCL ([Transitions to Community Living](#))
- Tailored Plan - ICF ([Intermediate Care Facilities](#))
- Tailored Plan - SFR (State-funded Residential)

Beneficiaries with the following managed care status will not be auto-enrolled in Tailored Plans but can choose to enroll in the Tailored Plan that serves their county.

- Tribal - Tailored Plan
- IHS - Tailored Plan

- Tribal - Tailored Plan - TBI/Innovation
- IHS - Tailored Plan - TBI/Innovation
- Tribal - Tailored Plan - TBI/Innovation - Dual Eligible
- IHS - Tailored Plan - TBI/Innovation - Dual Eligible
- Tribal - Tailored Plan - TCL
- IHS - Tailored Plan - TCL
- Tribal - Tailored Plan - ICF
- IHS - Tailored Plan - ICF
- Tribal - Tailored Plan – SFR
- IHS - Tailored Plan - SFR

## AUTO-ENROLLMENT

Auto-enrollment was held. Potential Tailored Plan beneficiaries were enrolled in a Tailored Plan.. During Member choice period,, beneficiaries can:

- Choose a PCP with their Tailored Plan
- Choose a different health care option (if applicable) through the Enrollment Broker

By phone: **833-870-5500** (TTY: 711 or RelayNC.com)

Online at [ncmedicaidplans.gov](https://ncmedicaidplans.gov)

Certain behavioral health, I/DD or TBI services are only offered by Tailored Plans. **Beneficiaries who choose to enroll in a Standard Plan must do so via phone or enrollment form.**

Auto-enrollment for Tailored Plan is based on:

1. If a beneficiary meets the Tailored Plan enrollment criteria
2. The county that manages the beneficiary's Medicaid case (administrative county)
3. Special population considerations (e.g., EBCI/IHS eligible)

## WHAT IF A BENEFICIARY WANTS TO KEEP ME AS THEIR PRIMARY CARE PROVIDER?

Make sure your Medicaid patients know which Tailored Plans you are contracted with.

- If a beneficiary does not select a PCP with their Tailored Plan by, they will be assigned one. If the beneficiary has a record of an active relationship with a PCP with Medicaid, the Department should assign the beneficiary to that PCP, provided they participate in the Tailored Plan's network.
- Beneficiaries can change their PCP as often as they want to up to 181 days after the launch of the Tailored Plans. Beneficiaries have 30 calendar days from the date they receive their new PCP assignment to change their PCP without cause. After that beneficiaries can change their PCP once a year without cause. They can change their PCP with cause at any time.
- Examples of with cause reasons to change a PCP include if a PCP moves to a different location that is no longer convenient or if a PCP no longer provides the services needed. To change their PCP, beneficiaries should call their Tailored Plan.

## WHAT IF I WANT TO INFORM MY BENEFICIARIES OF THEIR OPTION TO KEEP ME AS THEIR PRIMARY CARE PROVIDER?

NC Medicaid welcomes this engagement from our providers but note not all Medicaid beneficiaries are moving to Tailored Plans. Receiving letters or other information from providers about Tailored Plans could cause confusion for beneficiaries who are not moving to NC Medicaid Managed Care at this time.

If your practice plans to conduct outreach, NC Medicaid encourages you to include the following language in any communication to patients about contracted health plans and enrolling in NC Medicaid Managed Care:

*This letter is not an official enrollment notice.*

*Depending on your current eligibility, you may not be required to enroll with a health plan.*

*Please call the Enrollment Broker at 833-870-5500 (TTY: 833-870-5588) for assistance.*

## WHAT IF BENEFICIARIES HAVE QUESTIONS?

Most questions beneficiaries have about NC Medicaid Managed Care can be answered by the Enrollment Broker. Refer beneficiaries to 833-870-5500 (TTY: 833-870-5588) for assistance. The hours of operation are 7 a.m. to 5 p.m., Monday through Saturday.

Beneficiaries who have questions or issues impacting their health care services should contact the NC Medicaid Ombudsman. The NC Medicaid Ombudsman is available to address specific Medicaid-related questions from beneficiaries, make referrals to applicable resources and assist in resolving issues.

Go to [ncmedicaidombudsman.org](https://ncmedicaidombudsman.org) or call 877-201-3750, 8 a.m. to 5 p.m., Monday through Friday. The call is toll-free.

## WHO CAN BENEFICIARIES CONTACT FOR ADDITIONAL INFORMATION ABOUT THEIR TAILORED PLAN?

Who do I contact if...	Contact information
<ul style="list-style-type: none"><li>• I don't know if I qualify for NC Medicaid Managed Care</li><li>• I don't know which health plan I am enrolled in</li><li>• I want to change my health plan</li></ul>	NC Medicaid Enrollment Broker: 833-870-5500 (TTY: 711 or RelayNC.com)
Who do I contact if...	Contact information
<ul style="list-style-type: none"><li>• I have questions about my new health plan</li><li>• I need to know who my primary care provider is</li><li>• I need to know who my Tailored Care Management provider is</li><li>• I need to get a replacement Medicaid ID card</li></ul>	<b>Alliance</b> <ul style="list-style-type: none"><li>• Member Services 800-510-9132</li><li>• Website <a href="https://alliancehealthplan.org">alliancehealthplan.org</a></li></ul>

Who do I contact if...	Contact information
<ul style="list-style-type: none"> <li>• I need to know which providers my health plan works with</li> <li>• I need to know what benefits my new health plan provides</li> <li>• I can't get my services (e.g., in-home aide does not show up as planned, medical supplies are not received, provider won't take the new health plan)</li> <li>• I need to know if my approved services will continue</li> <li>• I want to check on my appeal currently under review</li> </ul> <p><b>Reminder:</b> This contact information is also on your new Medicaid ID card that you received from your health plan.</p>	<p><b>Eastpointe</b></p> <ul style="list-style-type: none"> <li>• Member Services 800-913-6109</li> <li>• Website <a href="http://eastpointe.net">eastpointe.net</a></li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>• Member Services 888-235-4673</li> <li>• Website <a href="http://partnersbhm.org">partnersbhm.org</a></li> </ul> <p><b>Sandhills</b></p> <ul style="list-style-type: none"> <li>• Member Services 800-256-2452</li> <li>• Website <a href="http://sandhillscenter.org">sandhillscenter.org</a></li> </ul> <p><b>Trillium</b></p> <ul style="list-style-type: none"> <li>• Member Services 877-685-2415</li> <li>• Website <a href="http://trilliumhealthresources.org">trilliumhealthresources.org</a></li> </ul> <p><b>Vaya</b></p> <ul style="list-style-type: none"> <li>• Member Services 800-962-9003</li> <li>• Website <a href="http://vayahealth.com">vayahealth.com</a></li> </ul> <p>Hours of operation vary by health plan.</p>
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<p><b>Who do I contact if...</b></p> <p>I need a ride to an appointment. Non-Emergency Medical Transportation (NEMT) will be provided for Tailored Plan members.</p>	<p><b>Contact information</b></p> <p>Beginning Aug. 17, 2023, you can call to reserve a ride for an appointment scheduled on or after Oct 1, 2023, by calling:</p> <p><b>Alliance</b></p> <p>ModivCare 855-759-9600</p> <p><b>Eastpointe</b></p> <p>MTM 800-913-6109</p> <p><b>Partners</b></p> <p>ModivCare 888-235-4673</p> <p><b>Sandhills</b></p> <p>ModivCare 800-256-2452</p> <p><b>Trillium</b></p> <p>ModivCare 855-397-3612</p> <p><b>Vaya</b></p> <p>ModivCare 888-621-2084</p> <p><b>Note:</b> These lines will be active on Aug. 17, 2023.</p> <p>Hours of operation vary by health plan.</p>
<p><b>Who do I contact if...</b></p> <p>I am having a crisis related to mental health, substance use disorder or intellectual or developmental disabilities</p>	<p><b>Contact information</b></p> <p>If this is a life-threatening emergency, please call 911.</p> <p>If your crisis is urgent but is not life-threatening, please contact the behavioral health crisis line for your health plan:</p> <ul style="list-style-type: none"> <li>• Alliance 877-223-4617</li> <li>• Eastpointe 866-218-1328</li> <li>• Partners 833-353-2093</li> <li>• Sandhills 833-600-2054</li> </ul>



Who do I contact if...	Contact information
	<ul style="list-style-type: none"> <li>• Trillium 888-302-0738</li> <li>• Vaya 800-849-6127</li> </ul> <p>You can also call or text the 988 Suicide &amp; Crisis Lifeline.</p> <p>Hours of Operation: 24 hours a day, 7 days a week.</p>
Who do I contact if...	Contact information
I need medical advice/support.	<p>If this is a life-threatening emergency, please call 911.</p> <ul style="list-style-type: none"> <li>• Alliance Nurse Line 855-759-9400</li> <li>• Eastpointe Nurse Line 866-248-9512</li> <li>• Partners Nurse Line 888-369-2452</li> <li>• Sandhills Nurse Line 800-325-4141</li> <li>• Trillium Nurse Line 877-685-2415</li> <li>• Vaya Nurse Line 800-290-1623</li> </ul> <p><b>Note:</b> These phone numbers will become active Sept. 1, 2023. Hours of operation are 24 hours a day, 7 days a week.</p>

